

PLACE OF BIRTH

1. County of Cuba
 District of Miami
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Maria Diaz (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Mar 26 - 1925
 Month Day Year

8. FATHER
 Full name Juan Diaz
 9. Residence (Usual place of abode) Lower Miami
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

13. Occupation
 Nature of Industry Laborer

14. MOTHER
 Full maiden name Petronila Garcia
 15. Residence (Usual place of abode) Lower Miami
 If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Mexico
 (State or country)

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother (a) Born alive and now living 3
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2
 (c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 2:30 P.M. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. J. Nelson
 (Physician or midwife.)

Address Miami, Fla.

Given name added from a supplemental report
 Month, day, year

Filed March 30, 1925 Registrar Nelson & Branton
 County Registrar.

549 - 326 - 751

SERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.